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Weight Loss Advertising and Media and the Relationship to the Increased Incidence of Eating Disorders in Young Females

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PERMISSION

Title: Weight Loss Advertising and Media and the Increased Incidence of Eating Disorders in
Young Females

Department: Nursing

Degree: Master of Science

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Abstract

To examine a case of a young college female using a weight loss medication unnecessarily and to provide a clinical review that demonstrates the relationship between weight loss advertising and media and the increased incidence of eating disorders. Findings from the history and physical examination of a 20-year-old underweight woman using a weight loss medication inappropriately. A search of literature from 2004 to 2016 was conducted using Pub Med, CINAHL, and Google Scholar databases with the appropriate search terms of “weight loss,” “advertising,” “media,” “eating disorders,” “body image,” “body dissatisfaction,” “adolescents,” and “young females.”

The high use of all forms of media in today’s young females directly correlates with the ever increasing numbers of eating disorders. The “thin-ideal” or “ultra-fit” body image is continually apparent across weight loss advertising found on television, in magazines, and on the internet. The way in which young females internalize and process this information leads to the development of body dissatisfaction and disordered eating. Media literacy is one of the best forms to change this corrupted thinking.

As advance practice registered nurses, we have the opportunity to include media literacy into our nutrition and weight discussions to change the thinking of our nation’s youth. This knowledge of media’s effect on young females will facilitate discussions that can lead to astute diagnosis and appropriate treatment for females at risk. This will increase the opportunity for the advance practice nurse to work with teachers and counselors in the community to help decrease or slow the progression of this ever-increasing disorder.

Background

When caring for young females in a primary care setting, red flag findings raising concern for an undiagnosed eating disorder may be evident. This might include a young female who is using a weight loss medication despite being considered underweight by her body mass index or a young female who exercises regularly but feels the need to use a weight loss medication when she is feeling like she is gaining “too much” weight. The increase of new cases of eating disorders has continued to steadily climb since the 1950s (NEDA, 2016).

Sales of weight loss products along with dietary supplements have almost doubled from 1994 to 2002, just in the United States alone (Hobbs, Broder, Pope, & Rowe, 2006). This partnered with a population of over 12 million young females in the United States raises the concern of eating disorders developing. Not only is this one of the most influential age groups, but in 2001 alone the Federal Trade Commission identified red flag deceptive claims in over 300 ads which can draw in these young females (Hobbs et al., 2006). Women’s magazines are ten and a half times more likely to have diet advertisements than men’s magazines (Spettigue & Henderson, 2004). This supports the claim that young females are the targets of weight loss medication advertisements. It also shows the overwhelming evidence that media and advertising glorify a thin body type and weight loss, while also emphasizing the importance of outside appearances. A multitude of studies have been conducted to show the distinct relationship between weight loss media and eating disorder pathology, which have all showed varying strengths of correlation.

The impact of weight loss advertising and media on the rising number of new eating disorder cases is cause for concern considering the significant comorbidities, functional impairment, suicidality, and increase in health service usage (Swanson, Crow, Le Grange,

Swendsen, & Merikangas, 2011). Prevention of this continual rise in the number of eating disorder diagnoses is critical to the health of the nation's young females. "For females between fifteen to twenty-four years-old who suffer from anorexia nervosa, the mortality rate associated with the illness is twelve times higher than the death rate of all other causes of death" (NEDA, 2016, p.1). Eating disorders have a huge impact on a young female's health. Health issues ranging from cardiac problems to kidney failure to osteoporosis arise in young females dealing with these eating disorders.

Case Presentation

A 20-year-old female college student presented to the clinic with a request of wanting to start birth control. She stated that she made the appointment today because she has been sexually active in the past and wants to become safer when she engages in sexual intercourse in the future. The patient has no significant medical or surgical history, is allergic only to penicillins and uses only one medication, Xenadrine as needed. The patient states she exercises regularly and uses the Xenadrine when she feels she is gaining weight.

She admits to drinking socially, has never smoked or chewed tobacco, and has never used any illicit drugs. She admits to being sexually active with three previous partners and currently uses condoms as her form of birth control. Her last sexual encounter was over six weeks ago and she states her last menstrual period was January 19th, so she states there is no chance she is pregnant right now. As far as her family history, her mother had a benign breast lump and her father had a deep vein thrombosis post motor vehicle accident. Neither her mother nor she have ever been tested for the BRCA gene. Her father was never tested for a clotting disorder either.

The patient's review of systems is negative for fatigue, fever, chills, weight change, appetite change, cough, shortness of breath, chest pain, palpitations, or swelling. It is also

negative for any frequency, urgency, burning or pain with urination, however she is positive for “curd-like” white vaginal discharge with a foul odor. The patient’s physical exam was negative and vital signs were as follows: temperature was 98.5 degrees Fahrenheit, pulse was 83 beats per minute, respirations were 18, blood pressure was 122/74, height was 67 inches, weight was 110 pounds and her body mass index was 17.2.

The patient was started on Apri (0.15mg desogestrel/ 0.03mg ethinyl estradiol) one tablet per day for 21 days, then one inert tablet for seven days. It was explained to patient to take the medication at approximately the same time every day. If she misses one day take two tablets the following day and then continue on one tablet per day. Major side effects were discussed with the patient including headaches that are not relieved with medication, shortness of breath, pain/cramps in lower legs, or redness and swelling in lower extremities. It was discussed with patient that oral contraceptives do not protect against sexually transmitted infections. The patient will give a urine sample for sexually transmitted infection screening and a swab for a wet mount will be completed. The patient will be updated with the results and treated accordingly.

Also, it was explained to patient that due to her body mass index of 17.2, she is considered underweight and that her use of Xenadrine should be avoided. Xenadrine is linked with cardiovascular events such as heart attack, stroke, tachycardia, palpitations, and hypertension. It also has side effects of paranoid psychosis, depression, fever, vomiting, convulsions, respiratory depression, and coma. The patient was in agreement with the plan and time was spent counseling on medication education.

Literature Review

A literature review was conducted to show the background of this discussion and the definite link between weight loss advertising and media and the increased incidence of eating

disorders in young females. The literature review was conducted using the PubMed database and CINAHL database from the University of North Dakota's Harley French Library, as well as Google Scholar. The search terms utilized included "weight loss," "advertising," "media," "eating disorders," "body image," "body dissatisfaction," "adolescents," and "young females." Eleven articles in total were reviewed for this paper with all of them being published from 2004 to 2016.

Today's youth are immersed heavily in the world of media. "Media images of the ideal body can have a profound negative influence on both women and men" (Fernandez & Pritchard, 2012, p. 321). The media and weight loss advertising market play a huge role in how young people perceive health and beauty. "The media is one such mechanism that has an ever-increasing influence and reach on women across North America and the world" (Spettigue & Henderson, 2004, p. 17). Smolak and Levine (2015), however, did state that "mass media is only one aspect of the sociocultural factors that affect the development of eating disorders" (p. 379).

The average young adult spends well over ten hours a day on any form of media (Smolak & Levine, 2015, p. 379). Seeing the "thin-ideal" body type all over the media and its use in weight loss medication and supplement advertisements multiple times a day can lead to the development of body dissatisfaction and body image issues. It is to no one's surprise that the weight of an idealized woman has decreased over the decades. It has decreased so much that some of these "idealized" women are weighing in at very unhealthy weights. Spettigue and Henderson (2004) stated studies have found that girls who already have elevations in peer pressure and deficits in social support are more likely to be vulnerable to media message's effects. In today's society, it can be hard to find a young female who does not have some sort of peer pressure.

Not only does this ideal exist in television and print ads but also on the internet and social media sites. Bair, Kelly, Serdar, and Mazzeo (2012) discuss a study where “a link was found between exposure to internet ads using thin-ideal images and body dissatisfaction” (p. 398). It is obvious that multiple studies have found a correlation between viewing thin-ideal images and having body dissatisfaction that can trigger eating disorders and their symptoms.

Media and advertising have been shown to be a causal risk factor for the development of eating disorders. Fitzsimmons-Craft (2011) described “a host of risk factors that may be biological, psychological, or physical. Risk factors such as perfectionism, genetics, early age of menarche, and body dissatisfaction put a young female at risk for disordered eating” (p. 1224). Vartanian and Dey (2013) also state that “body dissatisfaction can be associated with depression, low self-esteem, and stress which are all maintenance factors that lead to eating disorders” (p. 495). Again this article discussed that the ultra-thin images used in advertising and media make it difficult, or impossible for young females to achieve the perceived ideal body type, which leads them to developing negative feelings about their bodies.

Not only do ultra-thin images have this effect on young women but ultra-fit images are starting to be correlated with the increase of disordered eating as well. “Modern ideals include an extremely toned and fit appearance in addition to thinness” (Homan, McHugh, Wells, Watson, & King, 2012, p. 50). Research on whether the effect is the same with ultra-fit models on women’s body image has produced equally strong evidence. In some young women the athletic-ideal internalization produced more serious disordered attitudes than that of the thin-ideal. In young females this can lead to excessive amounts of exercise. This was especially apparent when the young female described an ultra-thin and fit body type.

Eating disorders are defined as highly complex and potentially life-threatening conditions that affect a person's physical and mental health. In the United States alone they affect over 12 million people (NEDA, 2016). Clinically significant eating disorders include anorexia nervosa, bulimia nervosa, binge-eating disorder, and other specified feeding and eating disorders (OSFED). In one study conducted, most teenagers who were diagnosed with an eating disorder in the last 12 months had severe impairment, whether, it be physically or mentally (Swanson et al, 2011). In this same study "73-88 percent of the teenagers had sought out services whether it be general medical services, mental health specialty care, or school services" (p. E1). Despite the high number of teenagers seeking services only "3-28 percent had specifically talked to a professional about their eating or weight problems" (Swanson et al, 2011. p. E1). Women with higher eating disorder symptomology were also more likely to use non-medical use prescription drugs or illicit drugs (Jeffers & Benotsch, 2014). With this introduction of inappropriate use of medications or drugs, young females can be led down a very destructive and confusing path, which can worsen their eating disorder symptoms.

Anorexia nervosa particularly has the highest rate of mortality among all psychiatric disorders and its profound effects on the female's physical health are devastating. Some of the health consequences of anorexia nervosa that NEDA (2016) stated are as follows:

An abnormally slow heart rate and low blood pressure; reduction of bone density (osteoporosis), which results in dry, brittle bones; muscle loss and weakness; severe dehydration, which can result in kidney failure; fainting, fatigue, and overall weakness; dry hair and skin; and a growth of a downy layer of hair (p. 1).

For young females, developing a serious complication from an eating disorder can result in losing one's life. The development of osteoporosis in these young women is concerning at this

age due to the fact that healthy development normally occurs with an upward spike in calcium and vitamin D needed at this age to grow healthy bones. The concern with the development of a slow heart rate and low blood pressure is that this can lead to the development of heart failure, which can in turn develop into a lifelong chronic issue.

Anorexia nervosa may have the highest mortality rate but bulimia nervosa has nearly tripled in incidence in females ages 10-39. Bulimia of course has its own set of health consequences that can be detrimental to the development and growth of young women. The recurrent cycle of binge-purge in this eating disorder has a profound effect on the digestive system. It even contributes to the loss of electrolytes and nutrients. Some more health consequences of bulimia nervosa are as follows:

Electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death; potential for gastric rupture during periods of bingeing; inflammation and possible rupture of the esophagus from frequent vomiting; tooth decay and staining from stomach acids released during frequent vomiting; chronic irregular bowel movements and constipation as a result of laxative abuse; peptic ulcers and pancreatitis; high blood pressure; high cholesterol levels; heart disease as a result of elevated triglyceride levels; type II diabetes mellitus; and gallbladder disease (NEDA, 2016. p. 1).

A person can see that the electrolyte and chemical imbalances have a large effect on the heart and other vital organs. “Women who vomit for weight loss or use laxatives/diet pills/diuretics are more likely to use other non-medical prescription drugs such as stimulants for weight loss” (Jeffers & Benotsch, 2014, p. 417). This is of high concern considering these medication’s side effects. Also, a female who has bulimia nervosa put themselves at risk for many of the same health issues a person with clinical obesity would face.

Studies have revealed that young females already diagnosed with an eating disorder engage more in media, such as looking at beauty and health magazines as “how-to’s” to achieve this unrealistic standard of physical thinness. Fernandez and Pritchard (2012) discussed that beauty and health magazines have models that are by and large thinner than that of the average American woman, which puts added pressure on females to achieve the “ideal” body type that may not be practical. The strength of effect that media has over females has been found to be correlated with how susceptible these women are to internalizing these sociocultural standards. Self-esteem and societal pressures are two driving factors on how influential media and advertising images can be. It is of no surprise that the society we live in today, puts pressure on young females to be a certain size or weight. It is this pressure and thought process that needs to be altered.

One way to interrupt this epidemic that continues to rise, may be intervening on how females interpret media and the subsequent effect it has on them. Introducing them to media literacy is one way to reorganize a female’s way of understanding what the media is trying to portray. Hobbs et al. (2006) discussed how media literacy interventions may be effective in altering internalization and media awareness. “In one study, after a media literacy intervention, girls were more likely to realize that they do not have to be passive recipients of potentially harmful beauty norms depicted by the media” (Hobbs et al., 2006, p. 728). It has even been suggested that these types of intervention programs need to be implemented in eating disorder treatment programs.

“This same study provides some evidence that will be useful for educators and health practitioners who are interested in incorporating media literacy into their instructional programs

on nutrition and weight management” (Hobbs et al., 2006, p. 728). To benefit students and patients alike, teachers and practitioners should keep in mind the importance of providing these young girls with sound nutritional information that they can use to debunk advertising messages. Fernandez and Pritchard (2012) discussed that supportive families and friends can serve as a buffer against this comparison between young girls’ own bodies and that of the thin models in media and advertising. Family and friends can offer support and help shed some positivity on these impressionable young girls. Communication is key when trying to improve a female’s awareness of how they internalize the thin-ideal and how body image issues may develop.

“Another factor that can contribute to negative body image among women is the tendency to make appearance-related social comparisons. Women tend to evaluate their appearance against women who they perceive to be superior to themselves” (Vartanian & Dey, 2013, p. 495). One study then discussed using a compare and contrast method for females to evaluate advertising messages. This provided a way to allow young females to perform a reality check. This method helped them see how reality and real-life experiences differ from what the media and advertising portray.

Learning Points

It is not surprising that when the “ideal” weight of women in media and advertising started to decrease over the past six decades that there was a correlating increase in the number of diagnosed eating disorders that was especially noted in young females. There is much information that can be taken away from the research laid out in the above discussion.

- Media and advertising is a causal risk factor and when combined with body dissatisfaction and poor self-esteem, this leads to the high risk for the development of eating disorders.
- Eating disorders affect over 12 million young adults in the United States alone and the numbers continue to grow.
- Having a solid support system (i.e. family and friends) can help deter women from this misconstrued internalizing and thinking.
- Media literacy is one program that can be implemented in schools, clinics, and treatment programs to interrupt the corrupt thinking process some young females have adapted.

The way media and advertising is being delivered is ever changing and growing but the message delivered hasn't changed over the decades. Many young females are being affected internally by what is portrayed on television, in magazines, and on the internet. To help these young girls, a thorough health history can help an advance practice nurse to identify red flags that may lead them to intervening on the development of an eating disorder. Open communication and a trusting environment is key when addressing nutrition and weight with young females.

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